

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90040 031 ***150.00

DOCUMENT # *P95000068905*

1. Entity Name

Aries Marbles & Tiles Corp



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3131 NW 106 Ave

Suite, Apt. #, etc.

3. Mailing Address

3131 NW 106 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number

*66-0605776
(SSU-593-96-0786)*

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Joeluis A. Peña

Street Address (P.O.-Box Number is Not Acceptable)

3131 NW 106 Ave

City *Coral Springs*

FL

Zip Code

33065

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joeluis A. Peña

Signature, read or printed name of registrant and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/28/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *President*
NAME *Joeluis A. Peña*
STREET ADDRESS *3131 NW 106 Ave*
CITY-ST-ZIP *Coral Springs FL 33065*

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joeluis A. Peña

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/28/03 (954) 255-7049

Daytime Phone # or

CR2E034B (12/02)